

Adult Tobacco Survey

Chelan-Douglas County Findings

**Washington State Department of Health
Tobacco Prevention & Control Program
Assessment and Evaluation Team
10/29/03**

Report Overview

This report describes county results from the Adult Tobacco Survey (ATS), which was administered prior to the launch of state and local tobacco prevention and control efforts, and repeated one and two years after program activities began. Results presented here are primarily related to adult-focused efforts.

What should I look for?

When looking at your data, you can view it from the following perspectives:

- Are we doing better or worse than the state right now?
- Are we doing better or worse than we were from before the program to now?
- Are we “OK” or “not OK”, period.

It is important to note that this report is NOT an evaluation of your program. You should think about whether your program is currently effective, or where improvement is needed, by considering these data as well as data from other sources (suggestions are provided) and with input from your community stakeholders.

How should I compare results?

You can compare your data visually using confidence intervals. You can also examine the “p-values” provided here from formal statistical significance tests (generally if ‘p’ is less than or equal to .05 that is considered “statistically significant”).

What if it looks like we are doing really badly? (Or surprisingly well?)

If you see something that appears discouraging or surprising, please consider the following explanations:

- How stable are the estimates? If the confidence intervals are very wide, then although your results may appear ‘worse’ when you look at them initially there may not be enough statistical power to say for sure. Also, about 5% of the time, statistically, you will see something that looks significant but is really not.
- Did you have any programs in that goal area that had been fully implemented among enough people for long enough time? If your community did not focus on secondhand smoke during the first few years of implementation, for example, it would not be surprising to see no significant change in your data for these measures. If your programs were focused on a sub-set of the population, it is possible that these people do not represent enough of the overall population in the survey to contribute to results. Also, if in the initial stages of your program you were building capacity to do something, you would not expect to see results yet.
- Has anything else – external to your program – happened in your community that could affect the overall population? For example, if shifts in the population (increased/decreased immigration/emigration) or in the community environment (economic changes, or changes in healthcare systems) occurred, these could impact your data. Also, national trends in tobacco control awareness, changes in the price of tobacco, and tobacco industry marketing may affect your results.
- Sometimes that’s just the way it is.

(For smaller counties) Why are there fewer data points than at the state level?

For each indicator we have included as much data as possible for your county, as long as there were enough surveys for the data to be reliable. Smaller counties had fewer surveys than bigger counties, and especially when questions were asked of only tobacco users, the number who responded was so small (i.e. fewer than 100) that results became unstable. In these cases, survey results were combined and therefore only one or two data points are shown.

What should I do with the information in this report?

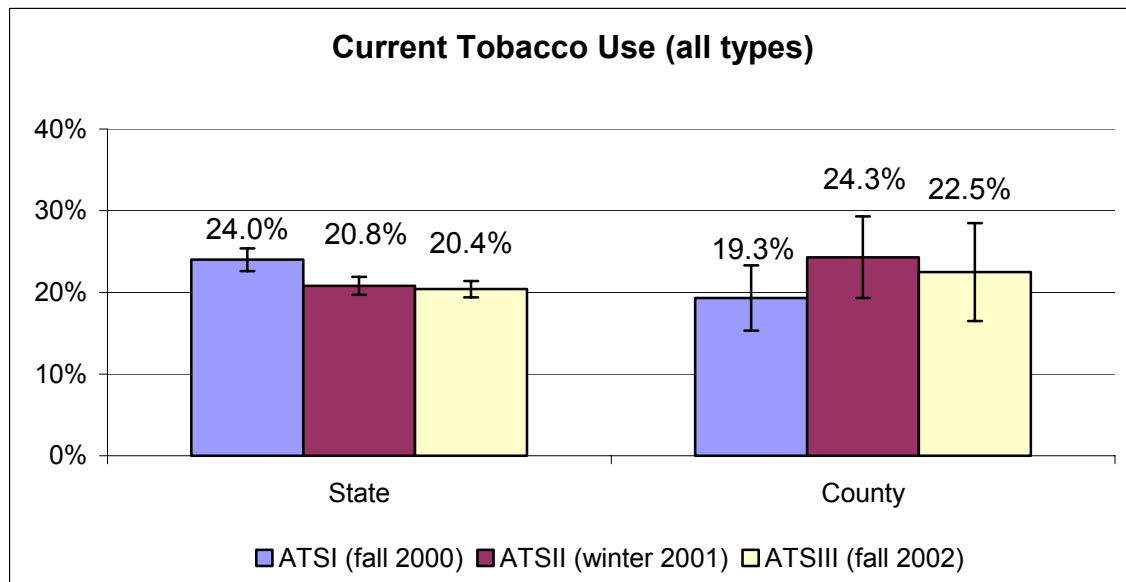
We believe that these data will be useful to you for several purposes:

- **Assessment**
The strategic plan you will be building for your community should reflect consideration of the current status of tobacco-related knowledge, attitudes, and behaviors in your population. These results may indicate areas of community strength – where the community is ready for more targeted activities or ready to implement policy, or areas of weakness – where the general community has room for improvement. For example, if your county showed greater secondhand smoke exposure in worksites, then this might be an area where program activities could focus.
- **Evaluation**
If you believe that you have had significant resources applied in any goal area, the results can be used *as one source of information* to evaluate the effectiveness of your activities.
- **Stakeholder Education**
Results from the survey can be used to generate interest or support among policymakers, community partners, program recipients or target audiences, and the general community. Results can be used in presentations, media releases, program materials, or as justification for key messages in any communications.

At the state level, we will not be releasing information about individual counties from these reports, but we will be comparing results from different types of counties to identify potential ‘best practices’ and learn more about what works in community settings.

Comprehensive Results

Long-term outcomes from comprehensive tobacco prevention and control programs should not be expected at a county level for at least 3-5 years. Although significant reductions have been observed at the state level, the size of surveys available at the state level allows for observation of very small changes. When viewing your results you should carefully consider the precision of the estimates, as described below. Because larger changes are required to see statistically significant results at the county level (for example, a ten percentage point drop in prevalence may be necessary to have ‘statistically significant’ results in the smallest counties), most Washington counties have not yet seen statistically significant changes.



Source: Adult Tobacco Survey (ATS). Statewide N=30,426; County N=973

Most Recent Data

- About one in five people in Chelan-Douglas County still uses some type of tobacco.
- About one in five people statewide still uses some type of tobacco.

County vs. State (minus County), Most Recent Data

- There is no significant difference between tobacco use in Chelan-Douglas Counties and the rest of the state.

Changes from prior to program launch (2000) to most recent

- Although the measured value of tobacco use appears to be improving in Chelan-Douglas Counties, the change is not statistically significant. The significant differences seen at the state level were measurable due to the very large number of surveys statewide; the same magnitude of change would not be significant at the county level due to the smaller number of surveys collected from each county.
- The improvement (approximately 15% decrease) in tobacco use statewide since the launch of the statewide program is statistically significant ($p < .001$).

Cigarette smoking is the most common form of specific tobacco used statewide. Prevalence for cigarette smoking is not presented because the Washington State Behavioral Risk Factor Surveillance System (BRFSS) is the 'gold standard' for measuring and communicating this factor, however changes in smoking over time can be observed using the ATS.

Changes from prior to program launch (2000) to most recent

- Cigarette smoking has remained relatively constant at the county level.
- Since prior to the program's launch, the prevalence of cigarette smoking statewide has decreased by approximately 14%. This decline is statistically significant ($p < .001$).

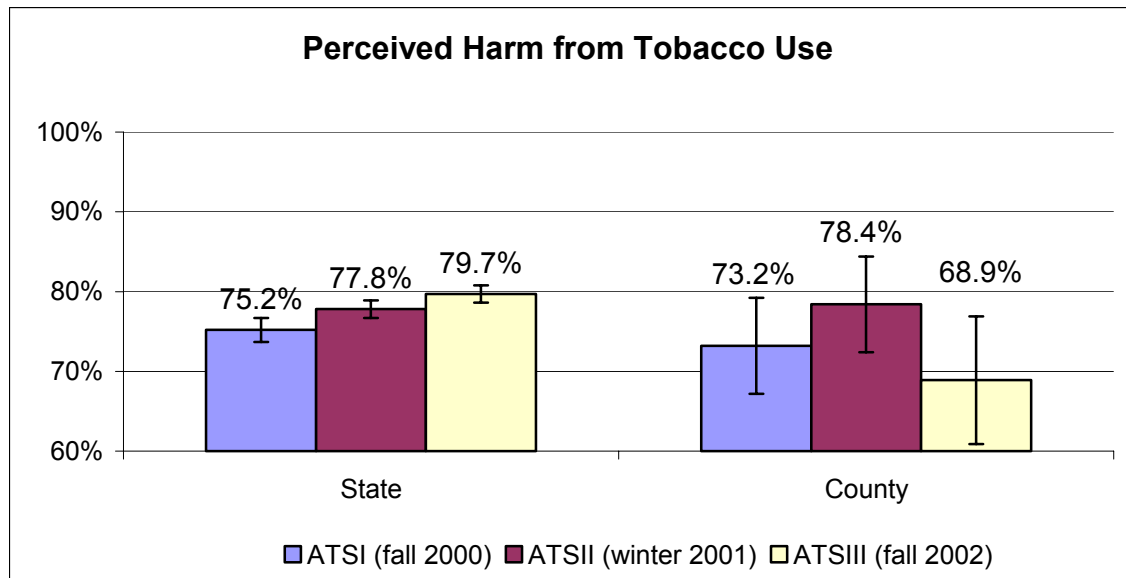
Related comprehensive program data sources:

- Behavioral Risk Factor Surveillance System (BRFSS) – statewide and some county findings. Your local health assessment coordinator will know if your county has ever done a BRFSS oversample.
- Smoking during pregnancy from birth certificate – statewide and county trends
- Healthy Youth Survey – statewide and some county trends for 'live with anyone who smokes'
- County Profiles for tobacco use and exposure

Program Goal: Prevent Initiation of Tobacco Use

Youth prevention efforts are best measured using youth data. However, general disapproval and perceptions of harm among adults – a component of ‘community norms’ – may contribute to youth prevention.

Adults were asked about their agreement with the following statement: *There are so many things that cause cancer, tobacco use is not going to make any difference.* The “correct answer” for anti-tobacco attitudes would be ‘strongly disagree’. This measure is intended to capture knowledge and attitude about the harmful health effects of tobacco use.



Source: Adult Tobacco Survey (ATS). Statewide N=29,525; County N=938

Most Recent Data

- About seven out of ten adults in Chelan-Douglas County perceive that tobacco use is an important health hazard.
- Nearly eight out of ten adults statewide perceive that tobacco use is an important health hazard.

County vs. State (minus County), Most Recent Data

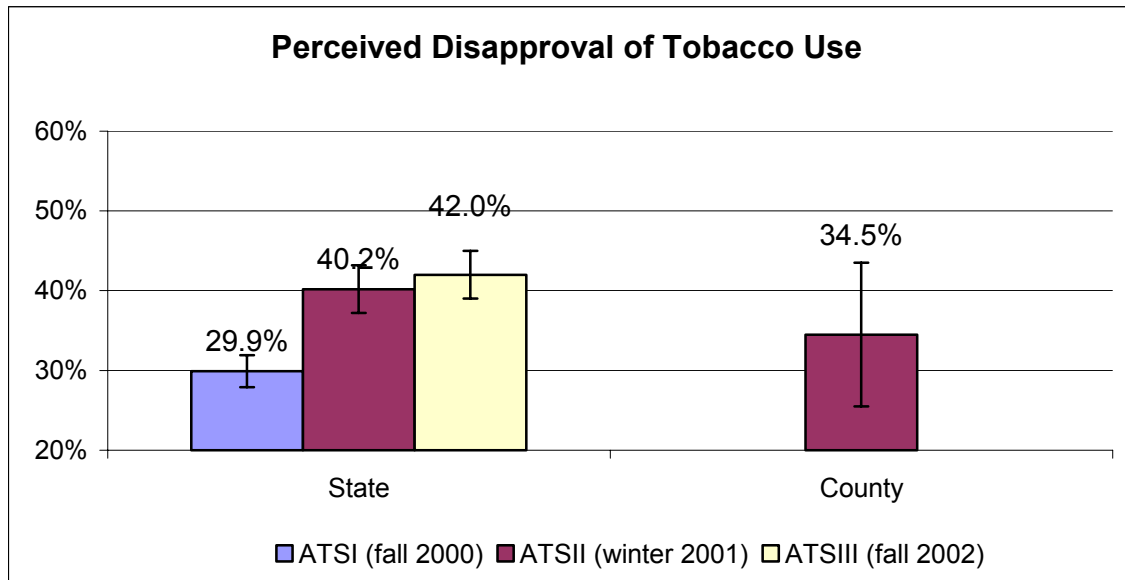
- Chelan-Douglas Counties are less likely to believe that tobacco use is a health hazard (statistically significant, $p=.002$).

Changes from prior to program launch (2000) to most recent

- The decrease in belief about harm from tobacco use for Chelan-Douglas counties is not statistically significant.
- The statewide improvement in adult perceptions of harm from tobacco use is statistically significant ($p<.001$).

Another measure of ‘community norms’ about tobacco use is the perception of tobacco users themselves about how they feel others view their tobacco use.

Current tobacco users were asked about their agreement with the following statement: *people around me are upset about my tobacco use*. Ideally, if community norms are disapproving of tobacco use, increasing proportions of tobacco users will report that they ‘strongly agree’.



Source: Adult Tobacco Survey (ATS). Statewide N=6181; County N=165

Most Recent Data

- About one-third of tobacco users in Chelan-Douglas County report that people around them are upset by their tobacco use.
- About four of every ten current tobacco users statewide currently report that people around them are upset about their tobacco use.

County vs. State (minus County), Most Recent Data

- Chelan-Douglas Counties are similar to the rest of the state for perceived disapproval of tobacco use.

Changes from prior to program launch (2000) to most recent

- We do not yet have enough information from tobacco users in Chelan-Douglas Counties to know whether their perceptions of disapproval of their smoking have changed.
- The statewide improvement in tobacco users' perception of community disapproval of tobacco use is statistically significant ($p < .001$).

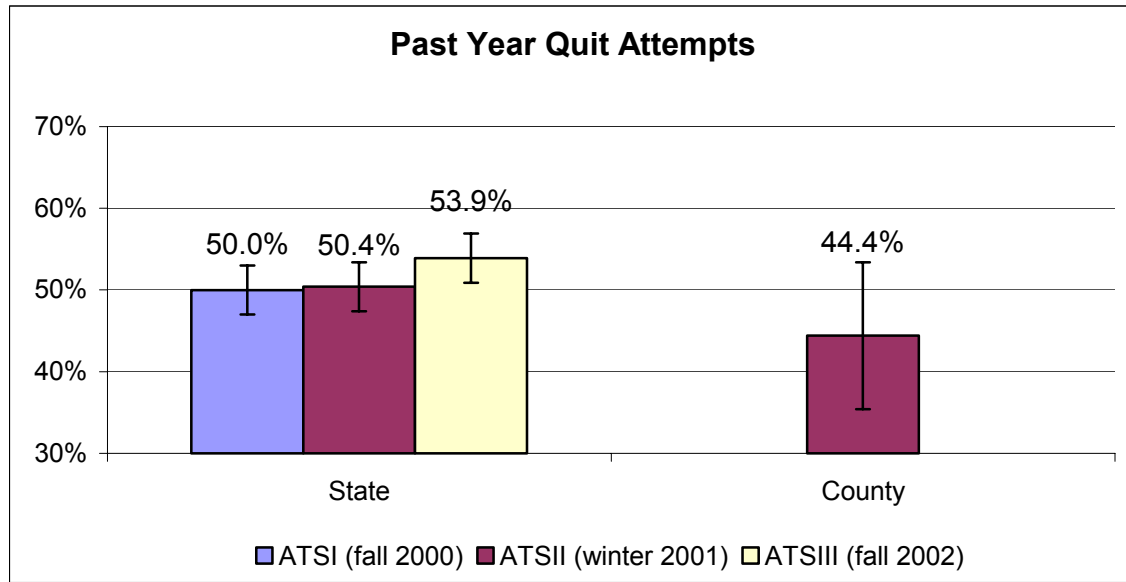
Related Prevention Data Sources:

- Healthy Youth Survey (HYS) – statewide and county findings for youth perceptions of tobacco-related norms
- Youth Telephone Survey (YTS) – regional results for youth perceptions of tobacco-related norms
- Synar compliance check history report
- CATALYST activity reports under Prevention goal area

Program Goal: Promote Quitting Among Current Tobacco Users

Reduction in the prevalence of tobacco use among adults is primarily achieved through the program goal of promoting quitting among people who use tobacco.

Current tobacco users were asked: *did you not smoke or use tobacco for 1 or more days in the past 12 months because you were trying to quit?* The desired response for cessation is “yes”. It should be noted that in order to be asked this question a person would have had to relapse (to become a ‘current tobacco user’ again).



Source: Adult Tobacco Survey (ATS). Statewide N=6362; County N=170

Most Recent Data

- Slightly less than half of current tobacco users in Chelan-Douglas County have tried to quit during the past year.
- About half of all current tobacco users statewide have tried to quit at least once in the past year.

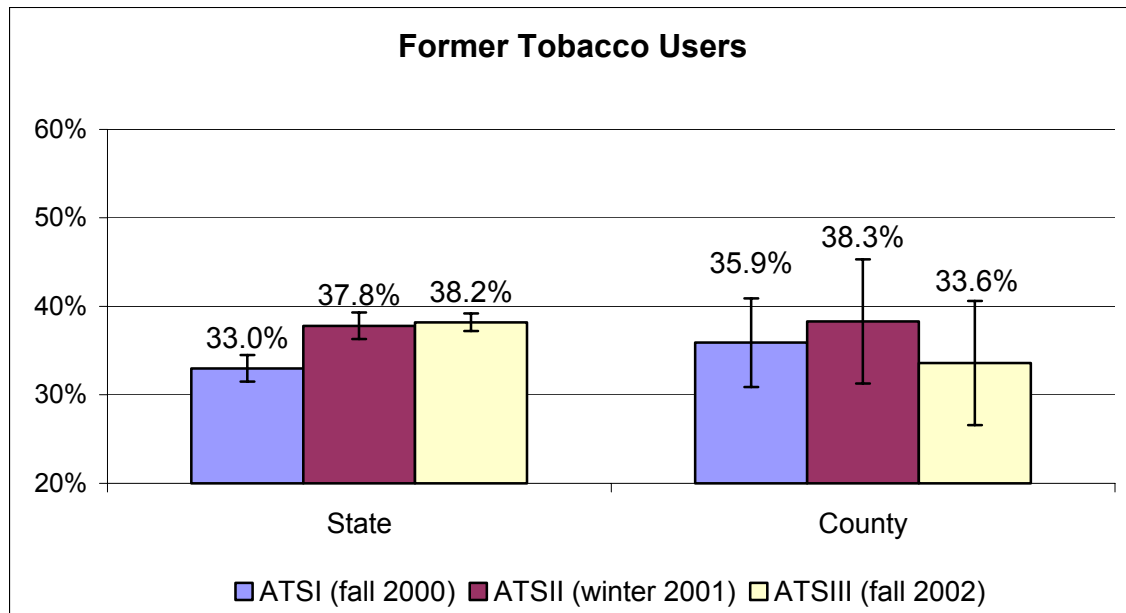
County vs. State (minus County), Most Recent Data

- There appears to be a difference between quit attempt rates for Chelan-Douglas County in comparison to the rest of the state – Chelan-Douglas County tobacco users are somewhat less likely to have tried quitting during the past year than those in the rest of the state.

Changes from prior to program launch (2000) to most recent

- We do not yet have enough information about tobacco users Chelan-Douglas Counties to know whether their quit attempt rates have changed.
- Although there appears to be a slight increase in quit attempts among tobacco users statewide, this increase is not statistically significant ($p=.12$) and so we cannot be sure that this is a real increase.

As more tobacco users quit successfully, ‘cessation’ success can also be viewed by examining the proportion of “former tobacco users” in the population. This is the proportion of all people who have in the past been regular smokers or smokeless tobacco users and have quit successfully (in contrast to the previous measure).



Source: Adult Tobacco Survey (ATS). Statewide N=30,426; County N=973

Most Recent Data

- About one out of three Chelan-Douglas County adults is a former tobacco user.
- More than one in three adults statewide is a former tobacco user.

County vs. State (minus County), Most Recent Data

- The percent of former tobacco users in Chelan-Douglas Counties is similar to the rest of the state.

Changes from prior to program launch (2000) to most recent

- There have not been any real changes in the proportion of former tobacco users in Chelan-Douglas County.
- The statewide improvement in the proportion of people who have quit successfully is statistically significant ($p < .001$).

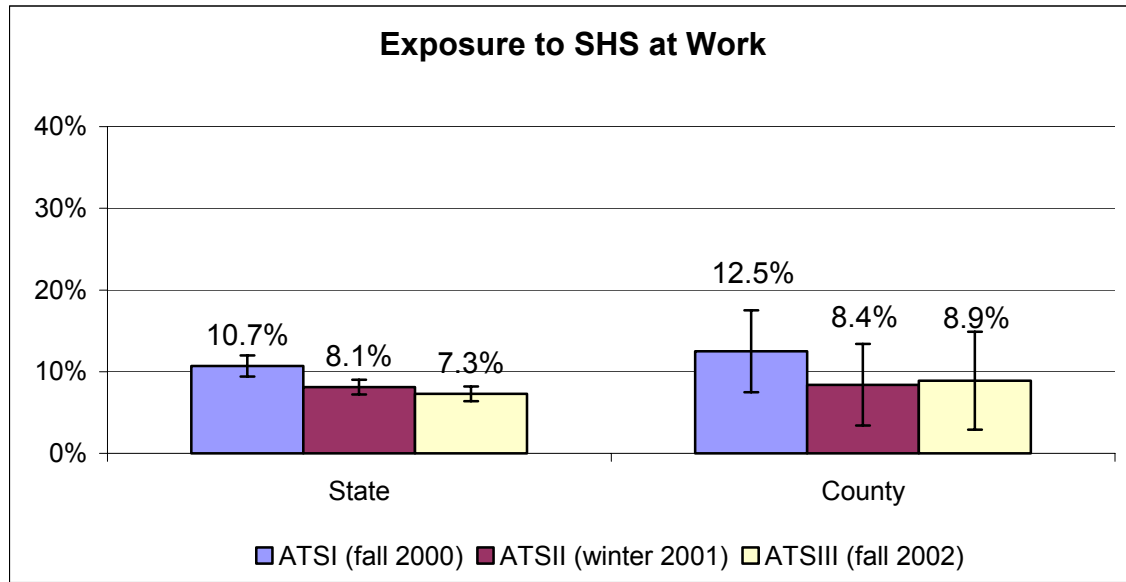
Related Cessation Data Sources:

- Behavioral Risk Factor Surveillance System (BRFSS) – statewide and some county data for quit attempts
- Quit Line caller frequency and caller information reports – county-level call rates for tobacco users
- CATALYST activity reports under Cessation goal area

Program Goal: Eliminate Exposure to Secondhand Smoke

Another goal of state and local programs is to reduce the exposure of non-smokers to secondhand smoke. For adults, the primary locations of exposure include the home and workplace.

Adults who are currently employed outside the home were asked about their weekly exposure to secondhand smoke. These people are classified as “exposed” if they are in a room with other peoples’ smoke for one hour or more per week while at work.



Source: Adult Tobacco Survey (ATS). Statewide N=15,537; County N=489

Most Recent Data

- In Chelan-Douglas County, less than one in ten adults who work outside the home is exposed to secondhand smoke while at work.
- Statewide, less than one in ten adults who work outside the home is exposed to secondhand smoke while at work.

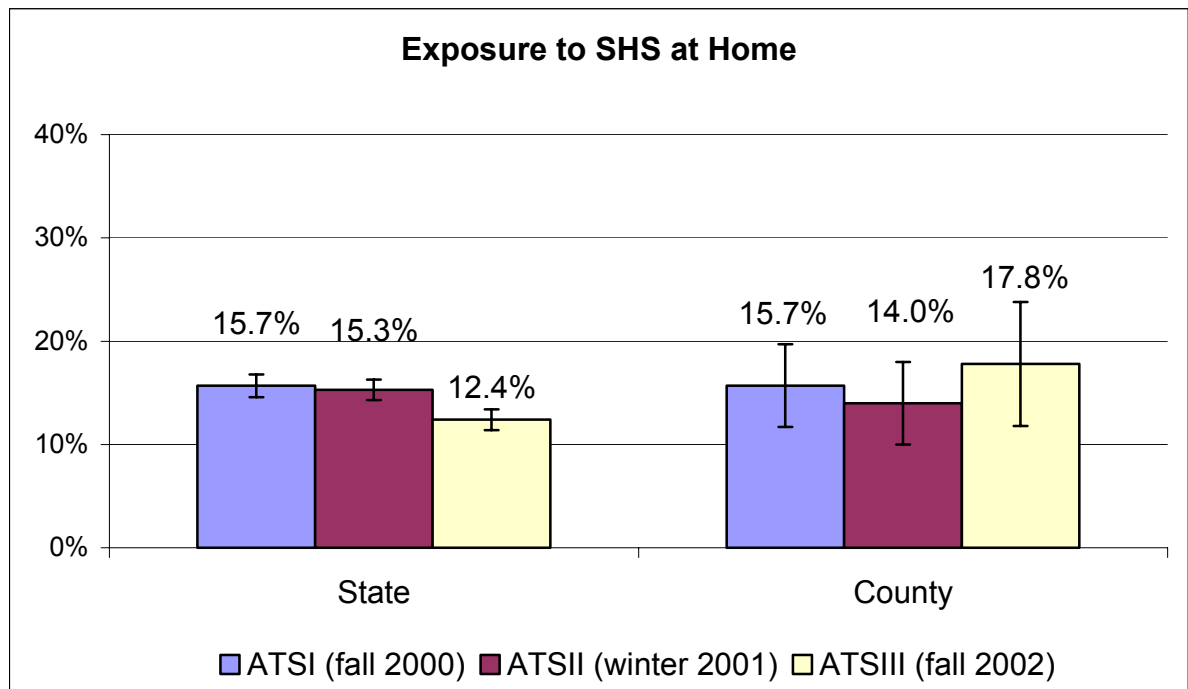
County vs. State (minus County), Most Recent Data

- Chelan-Douglas Counties are similar to the rest of the state for exposure to secondhand smoke while at work.

Changes from prior to program launch (2000) to most recent

- The proportion of Chelan-Douglas County residents who are exposed to secondhand smoke at work has remained constant.
- The improvement (decrease) in exposure to secondhand smoke in the workplace statewide is statistically significant ($p < .001$).

Adults were asked how many days someone had smoked inside their home during the past month. If anyone had smoked inside the home – even just one day – the person was considered exposed.



Source: Adult Tobacco Survey (ATS). Statewide N=30,264; County N=965

Most Recent Data

- About one in five adults in Chelan-Douglas County are still exposed to secondhand smoke at home.
- More than one in ten adults statewide are still exposed to secondhand smoke at home.

County vs. State (minus County), Most Recent Data

- Chelan-Douglas County adults are more likely than those in the rest of the state to be exposed to secondhand smoke at home (statistically significant, $p=.05$)

Changes from prior to program launch (2000) to most recent

- Home exposure to secondhand smoke has not changed in Chelan-Douglas County.
- The statewide improvement (decrease) in home-based secondhand smoke exposure is statistically significant ($p<.001$).

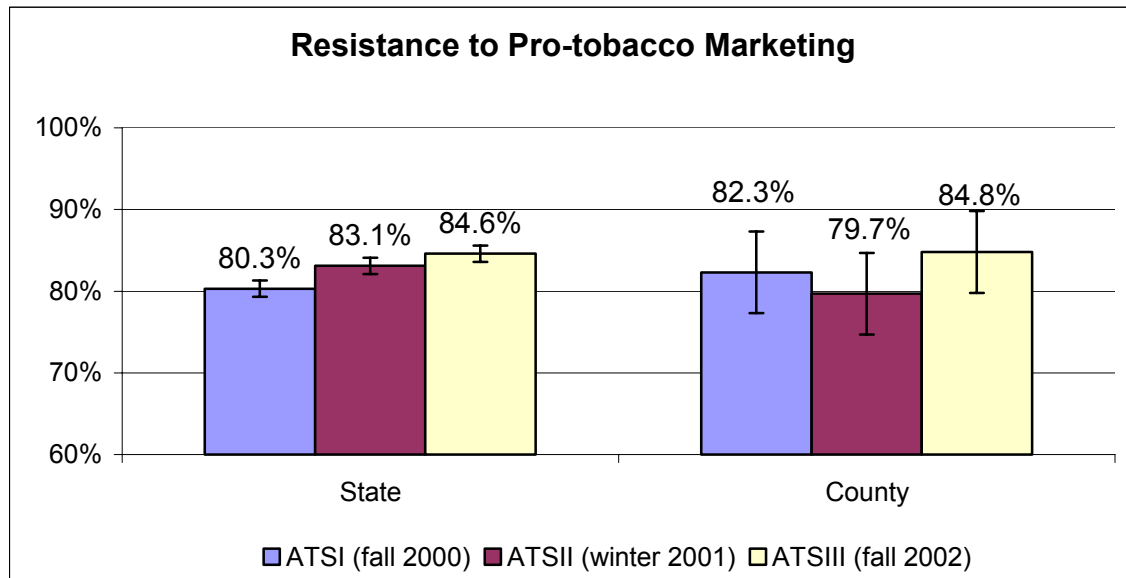
Related Secondhand Smoke Data Sources:

- Healthy Youth Survey – statewide and some county trends for youth exposure in cars and rooms
- CATALYST activity reports under Secondhand Smoke goal area

Indicators of Pro-Tobacco Marketing Activities

Reductions in tobacco use may be countered by pro-tobacco marketing activities from the tobacco industry.

All adults were asked: *would you ever use or wear something with a tobacco company logo or picture on it, like a t-shirt or hat*. The desirable response, regardless of whether a person actually owns such an item, is “no”.



Source: Adult Tobacco Survey (ATS). Statewide N=29,795; County N=949

Most Recent Data

- More than eight out of ten people in Chelan-Douglas County report that they would not use or wear a tobacco industry promotional item.
- More than eight out of ten people statewide report that they would not use or wear a tobacco industry promotional item.

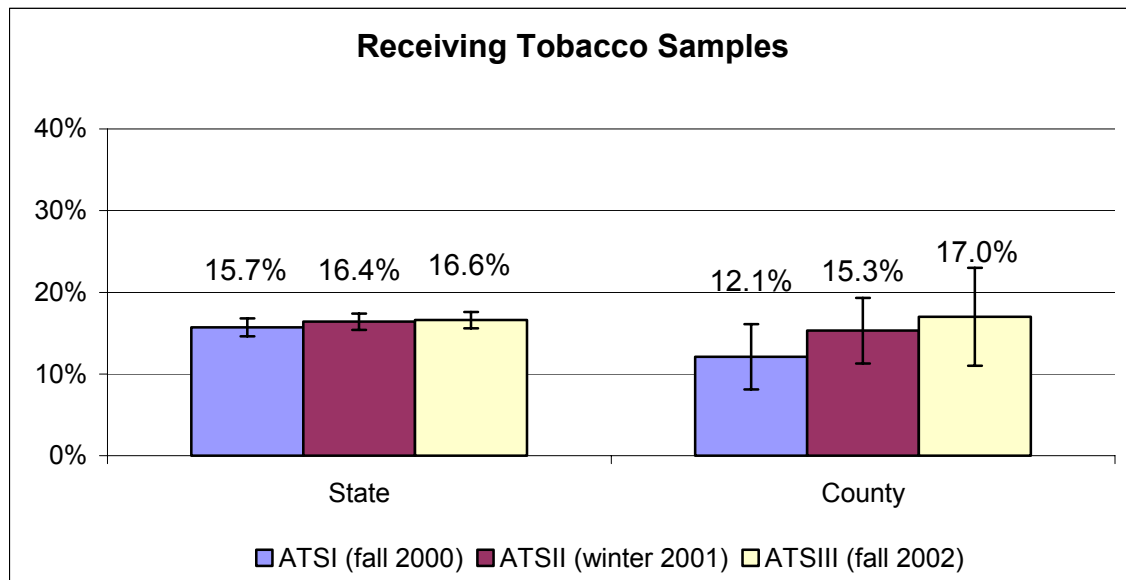
County vs. State (minus County), Most Recent Data

- Chelan-Douglas Counties are similar to the rest of the state for resistance to pro-tobacco marketing.

Changes from prior to program launch (2000) to most recent

- There have been no significant changes in resistance to pro-tobacco marketing for Chelan-Douglas Counties.
- Statewide, the improvement in peoples' resistance to tobacco industry marketing is statistically significant ($p < .001$).

The tobacco industry sometimes provides free samples of products at special events or give-aways, and may also provide coupons through the mail. Adults (regardless of tobacco use status) were asked: *During the past year, have you received a free sample or coupon for a free sample of tobacco products?* While programs do not currently have any ability to restrict this legal marketing practice, it is useful to monitor it to gauge the level of pro-tobacco marketing that anti-tobacco efforts must counter.



Source: Adult Tobacco Survey (ATS). Statewide N=29,989; County N=964

Most Recent Data

- About one in five people in Chelan-Douglas County has received tobacco industry ‘free samples’ or coupons during the past year.
- Statewide, more than one in ten people has received tobacco industry ‘free samples’ or coupons during the past year.

County vs. State (minus County), Most Recent Data

- Chelan-Douglas County is similar to the rest of the state for receiving tobacco samples or coupons.

Changes from prior to program launch (2000) to most recent

- There is no apparent change in Chelan-Douglas County adult receipt of tobacco samples or coupons.
- Although the measured value for receiving samples statewide has increased, we cannot be sure that it is a real increase because it is not statistically significant ($p=.22$).

Related tobacco industry data sources:

- Industry sampling event reports – rates and types of licensed ‘sampling events’ within the county
- Healthy Youth Survey – youth reported resistance to industry marketing and receipt of samples/coupons

Survey Methods

More than 30,000 people were interviewed statewide as part of the Adult Tobacco Survey (ATS). For Chelan-Douglas County, a total of almost 1,000 adults were interviewed as part of these surveys (about 400 each in ATSI and ATSII and about 200 in ATSIII).

Surveys used random digit dialing methods, and were conducted in English only. Cell phones are not able to be included in the phone survey sample. Therefore, results may not be representative of non-English speaking persons, people without phones, institutionalized or college-campus residents, military personnel living on military campuses, and highly transient people.

Statistical weights were applied so that respondents approximately match the gender and age distribution of the state's population.

ATSI was conducted in approximately August through October 2000, ATSII was conducted in November 2001 through February 2002, and ATSIII was conducted in August through October 2002. Thus, ATSII and ATSIII are closer together in time than ATSI and ATSII.

When three data points are compared, formal significance tests were conducted using logistic regression models, where the survey phase (ATS I, II, III) was incorporated into the model with a value for time from program launch, since the surveys were not evenly spaced from each other. When two data points are compared, formal significance tests were conducted using a Pearson chi-square test. Formal comparisons between the county and rest of the state were done using the most recent time where data were available at the local level, and the comparison is made for the county to the remainder of the state excluding residents from the county.

For more information about the results of this survey, please contact the Department of Health, Tobacco Prevention and Control Program – Assessment and Evaluation Team:
Email: Tobacco.Evaluation@doh.wa.gov
Phone: 360-236-3632